



STATE OF NEW YORK DEPARTMENT OF HEALTH

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Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

February 23, 2005

Dear HIV/AIDS Service Provider:

By now you have all become aware of the New York City recent case of HIV infection with multi drug resistance in a gay man with apparent rapid progression to AIDS. This letter provides you with the latest facts and important information in response to the New York City health department's health alert of February 11, 2005. Especially given the reaction to the announcement of this case in the general media, it is important to understand the facts of the case to alleviate any concerns based on incomplete information.

The index case involves a man who reported multiple, unprotected high-risk sexual contacts with other men often accompanied by the use of methamphetamine ("crystal meth"). This case is cause for concern because the man was infected with a variant of HIV-1 that is resistant to three of the four current classes of anti-HIV medications and his clinical course rapidly progressed to AIDS following a possible acute retroviral syndrome in November 2004. (A copy of the Health Alert is available at <http://www.ci.nyc.ny.us/html/doh/html/public/press05/press05.html>). An investigation of this case is now underway to determine: 1) if this represents a particularly virulent strain of HIV; 2) if other persons were infected with the strain; and 3) the possible extent of its spread. As of the date of this letter, no other persons infected with the same strain and same clinical course have been identified, nor is there any clear link between multi-drug resistance and increased virulence in this case.

The attached guideline identifies six key areas that warrant special focus in the delivery of non-clinical services to individuals at risk for or with HIV infection. I urge you to review this information and to appropriately incorporate into your HIV/AIDS programs.

While the investigation is underway, it is important to consider the lessons learned from this case and place it in the context of our multi-pronged response to the HIV/AIDS epidemic in New York. First and foremost, at this point, this case is the only one that we know of. Whatever the outcome of the investigation, this case provides us with the opportunity to reaffirm our approach to combating the virus and to redouble our efforts to provide comprehensive and effective prevention to all persons infected and affected by HIV. In so doing, we should be guided by our commitments to science-based approaches and to the public health principles that have stood us in good stead in the past, including counseling and testing, referral, supportive programs, and the steadfast protection of confidentiality. The effective use of data to guide programs, addressing all the barriers that impede prevention and care efforts, ensuring access to treatment and services, and involving affected communities in HIV programs, will also continue to be cornerstones of our approach.

We have made tremendous strides over the past decade -- since the highly active antiretroviral therapy was introduced -- in improving the health status and quality of life for many with HIV infection. However, we all know that treatment is not always successful. There are still too many deaths from HIV/AIDS, and new infections even in the presence of good prevention continue to occur at an unacceptable rate. Adherence to treatment will need continual reinforcement to promote effective treatment and optimal health for people with HIV, since it assures maximum benefit from therapy and can prevent resistance to HIV medications.

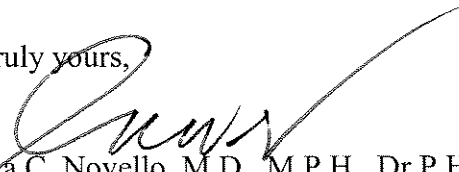
I also would like to urge all of you to take this time to clearly and comprehensively work together to address the devastating problem of HIV and drug use. Methamphetamine is the most recent of many drugs that are known to be associated with HIV transmission. This drug -- often called "crystal meth" -- is of particular concern because of its disinhibiting effects that often lead to unsafe sexual behaviors. Crystal meth use, is not limited to subpopulations of MSM/gay men, but it is also used by women and heterosexual men. It is imperative, therefore, that we strengthen our outreach and education about the potential dangers of this drug to all persons at risk and increase efforts to refer any individual at risk for care and treatment.

HIV is preventable. Statistics indicate, however, that over 40,000 individuals continue to be infected with HIV each year in the U.S. We know that many of these new infections occur in persons of color, women, adolescents, and men-who-have-sex-with-men (MSM)/gay men. Prevention messages and strategies need to be continually reinvented for the new generation and/or subpopulations that have not yet experienced the ravages of HIV. They need to heed the message of the importance of knowing one's HIV status. And they need as well to combat the idea that HIV is just another chronic disease that can be readily treated. In addition, people with HIV need to take responsibility for not transmitting infection to others. Some persons with HIV may not be aware that they may be placing their own health at risk of acquiring sexually transmitted and/or blood borne infections, including HIV superinfection, by continuing risky behavior. Today, complacency is our biggest enemy. We need to warn those we are trying to protect of the dangers associated with risky behaviors and help them find alternatives.

The New York State Department of Health will continue to work to assure that all individuals infected and affected with HIV live the healthiest, most productive lives possible. In doing so, we will continue to develop new programs and strategies for care and treatment.

The attached document is intended as a ready reference to assist you in helping your patients, your clients and your community. I thank you for your continued dedication to the fight against HIV.

Very truly yours,



Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner
New York State Department of Health

Attachment

Key Public Health Messages for HIV Service Providers Case of 3 Drug Class Resistant HIV Infection in New York City

On February 11, 2005, the New York City Department of Health and Mental Hygiene (NYCDOHMH) released a Health Alert about an apparent recent case of HIV infection with multiple-drug resistance and rapid progression. The case involves a man who reported multiple, high-risk sexual contacts with other men with use of methamphetamine ("crystal meth"). This case has caused concern because:

- the man was infected with a strain of HIV-1 that is resistant to three of the four current classes of anti-HIV medications, and
- his clinical course has progressed to AIDS very rapidly following a possible acute retroviral syndrome in November 2004. A copy of the Health Alert is available at <http://www.ci.nyc.ny.us/html/doh/html/public/press05/press05.html>.

An investigation of this case is now underway to determine 1) if this represents a particularly virulent strain of HIV, 2) if other persons were infected with the strain, and 3) the possible extent of its spread. As of the date of this letter, no other persons infected with the same strain have been identified.

This case brings to the forefront the following key public health messages that the New York State Department of Health (NYSDOH) is actively promoting:

Treatment Adherence and Resistance Testing

It has been well documented that non-adherence to HIV treatment regimens can result in an individual patient developing drug resistant strains of HIV. When drug resistant strains are present, one or more medication or classes of medications are not effective at controlling the virus. This means the patient has fewer treatment options and the virus is more difficult to treat. The New York State Department of Health clinical guidelines for the care of adults with HIV provide guidance regarding resistance testing. There have been concerns that if an individual develops a drug-resistant strain it can be passed to others during unsafe sex or needle sharing. The result of this could be that treatment options for these newly infected individuals will be limited. At this time, it appears that the above reported case is an example of this.

What Can HIV/AIDS Providers Do to Promote Treatment Adherence?

- Explain the importance of adherence
- Assess potential or actual barriers to adherence
- Review dosing schedule and any special instructions
- Provide contact information if questions or concerns arise
- Review adherence at each client encounter
- Encourage patients who have questions about resistance testing to talk with their physicians directly for further information.

What Can HIV/AIDS Providers Tell Their Patients About Treatment Adherence?

If you are currently living with HIV/AIDS the best way to protect yourself from drug resistant strains of HIV is to adhere to your medications and to avoid unprotected sex and sharing injection drug equipment that may expose you other strains of HIV.

Resources

17 treatment adherence programs are funded, across the state, to integrate treatment adherence services into the continuum of HIV primary care.

The NYSDOH AIDS Institute:

- develops and disseminates information, strategies and tools for clinical providers on adherence including best practices for promoting adherence to antiretroviral therapy;
- provides technical assistance and training to help providers integrate adherence services into their work; and
- reviews and shares emerging adherence research and successful program designs with health and social service providers.

For information about NYSDOH trainings, fact sheets and other education tools that help providers implement best practices in their facilities, visit the following DOH sponsored website: <http://www.hivguidelines.org>

Information for consumers about adherence and how to take each of the FDA-approved HIV drugs are available at: <http://www.health.state.ny.us/nysdoh/aids/edpdfs> Or e-mail HIVPUBS@health.state.ny.us to request sample educational materials for consumers on HIV treatment adherence.

Partner Notification

By promoting testing of past and current sexual contacts and educating these contacts about prevention of transmission to their subsequent sexual or needle sharing partners, partner notification can help prevent the spread of HIV. Partner notification is critical to helping reduce the spread of potentially drug-resistant strains of HIV or strains of HIV that may be associated with rapid progression to AIDS.

What Can HIV/AIDS Providers Do to Promote Partner Notification?

If you are involved in diagnosing new cases of HIV infection, HIV-related illness or AIDS, learn about your responsibilities under the state's HIV reporting and partner notification regulations.

If you provide general health or support services to people living with HIV, be sure to periodically discuss the importance of partner notification with your patients/clients and support them in exploring the many options available. For assistance call the PartNer Assistance Program at 1-800-541-AIDS, 1-800-233-SIDA (for Spanish language) or CNAP at 1-888-792-1711 or 212-693-1419.

What Can HIV/AIDS Providers Tell Patients About Partner Notification?

Partner notification is important so that all people who have been exposed to HIV can get tested, have access to health care and learn how to prevent the spread of HIV to others. There are several options for partner notification. Public health staff can notify your partner without sharing your name or any identifying information.

Resources

The NYSDOH PartNer Assistance Program (PNAP) and the NCYDOHMH Contact Notification Assistance Program (CNAP) provide assistance regarding partner notification to people living with HIV and are available to provide consultation and assistance to providers. Services are confidential, convenient, free, safe and tailored to the client's unique needs. PNAP and CNAP can; assist people with HIV in learning their many options for notifying a partner; accompany the person during a notification of a partner; notify partners directly without disclosing the person's name or any identifying information. For information about PNAP and CNAP visit: <http://www.health.state.ny.us/nysdoh/aids/docs/9300.pdf>

For information about NYSDOH trainings, fact sheets and other provider education tools that can help you implement best practices in your facility, visit the DOH website at: <http://www.health.state.ny.us/nysdoh/hivaids/hivpartner/reportquest.htm>

Learn about New York State and New York City partner notification programs by visiting the DOH website at: <http://www.health.state.ny.us/nysdoh/aids/docs/9300.pdf>

Prevention with HIV Positive Patients

Improvements in health care, medical treatment and earlier identification of HIV has resulted in more people with HIV living longer, healthier lives. The Centers for Disease Control and Prevention estimates that between 850,000 and 950,000 individuals are living with HIV in the U.S. An important component of health and social support services for people living with HIV is ongoing education, support and interventions to help the individual avoid passing HIV to others. Prevention for people with HIV takes on even greater public health importance if highly virulent and/or drug resistant strains of HIV are present in a community.

What Can HIV/AIDS Providers Do to Promote Prevention with HIV+ Patients?

HIV/AIDS clinical and non-clinical providers should review their services and identify appropriate opportunities to promote HIV prevention with their HIV positive patients. Providers should carefully review NYSDOH clinical guidelines, technical assistance bulletins and attend training to strengthen their capacity to offer prevention services to people with HIV in a manner that is sensitive, effective and tailored to the unique needs of each person.

What Can HIV/AIDS Providers Tell HIV Positive Patients About Prevention?

There are many ways that you can avoid passing HIV to your partners and avoid becoming re-infected with other strains of HIV or STDs. Help is available to support you in your prevention efforts. There are many NYSDOH brochures that explain prevention and harm reduction strategies. Note: Providers should tailor prevention services and referrals to the unique needs of each client.

Resources

The NYSDOH is involved in numerous initiatives to promote HIV prevention for people who are living with HIV. "HIV Stops with Me" is a social marketing campaign that uses HIV positive role models to promote the importance of people with HIV avoiding passing the virus to others. The "HIV Stops with Me" campaign began in January 2005 and includes billboards, print materials and a web site. For information about "HIV Stops with Me" visit <http://www.hivstopswithme.org/>

New York State ***Criteria for the Medical Care of Adults with HIV Infection*** recommends that health care providers discuss HIV prevention during initial health care visits and periodically throughout the course of care. For a copy of these clinical guidelines visit www.hivguidelines.org

New York Options is a proven physician-delivered intervention to promote HIV prevention among HIV positive patients. Options are being piloted at three clinical sites in New York State.

In the summer of 2004, the AIDS Institute sent a Technical Assistance Bulletin to all COBRA and grant funded case management programs provided guidance to case managers about the importance of addressing HIV prevention with HIV positive clients. For a copy of the TA Bulletin visit www.cobracm.org

Two new trainings to assist health and human services provider in promoting HIV prevention with their HIV positive clients have been developed and will be available in early spring, 2005. For information about these two courses, ***Addressing Prevention with HIV Positive Clients*** and ***Addressing Prevention in HIV Case Management***, visit www.health.state.ny.us/nysdoh/aids/training.htm

HIV Counseling and Testing

The only way to know if an individual is infected with HIV is to get tested. Promoting HIV testing, especially among people who engage in high-risk activities, is critical to identifying new cases, beginning the partner notification process and promoting access to health care and adherence services, when appropriate. Early identification of HIV, including strains that are drug resistant or that may result in rapid progression to AIDS, is critical to stemming the spread of the virus.

What Can HIV/AIDS Providers Do to Promote HIV Testing?

Encourage testing for all clients who have:

- Had sex, anal, oral or vaginal, without using a latex condom.
- Had many sex partners.
- Had sex with someone who injects drugs.
- Shared syringes, needles, and other works to inject drugs of any kind (heroin, steroids, insulin, etc.)
- Shared needles for piercing or tattooing.
- Had a sexually transmitted disease.

What Can HIV/AIDS Providers Tell Patients About HIV Testing?

If you are concerned that you have been exposed to HIV, including the drug resistant strain identified in NYC, get tested. HIV testing is easy:

- You can get a blood test or, at some places, an oral HIV test that uses fluid from your mouth.
- There are many places to get tested. Most clinics, local health departments and doctors test for HIV.
- Some places give the test for FREE.
- You can go to an ANONYMOUS testing site. Anonymous testing means that you do not give your name.
- Some testing sites give results that same day.

Resources

There are numerous NYSDOH programs that promote HIV testing, including rapid HIV testing. For information about the “Two Good Reasons” campaign, Project Wave and other programs that promote testing visit:

<http://www.health.state.ny.us/nysdoh/aids/index.htm>

To find free, anonymous testing sites, with same day results, call 1-800-541-AIDS. Or, find sites in the New York State HIV Counseling and Testing Directory on line at: www.health.state.ny.us/nysdoh/aids, and click on the HIV testing link.

To refer patients to free, anonymous testing sites, with same day results, call 1-800-541-AIDS. Or, find sites in the NYS HIV Counseling and Testing Directory on line the above web link.

Methamphetamine Use

Use of methamphetamine has been escalating throughout the nation and New York State is no exception. This substance, sometimes known as meth, crystal meth, tina or speed, has been associated with the transmission of HIV and sexually transmitted diseases (STDs). It has the potential to accelerate the spread of these infections if we do not act quickly and intelligently. Gay men and other men who have sex with men (MSM) are currently those most strongly impacted by methamphetamine; growing numbers of heterosexual men and women, including young people, are also using methamphetamine and falling prey to its negative consequences. I urgently request your consideration of the action steps listed below.

What Can HIV/AIDS Providers Do About Methamphetamine Use

HIV/AIDS providers have great potential to intervene against methamphetamine use. Providers can:

- Educate staff about methamphetamine use and its consequences.
- Provide information about methamphetamine use and its consequences to clients.
- Ask about use of all substances, including methamphetamine, at intake.
- Maintain a dialog regarding substance use and its risks with your clients.
- Consider methamphetamine use in design/development of strategies and interventions.
- Incorporate methamphetamine use and its consequences as issues in programming targeting MSM and HIV-positive individuals.

What Can HIV/AIDS Providers Tell Patients About Methamphetamine Use

Assistance is available that is specifically targeted to persons who are struggling with methamphetamine dependence including traditional substance abuse treatment and counseling programs and the 12-step approach used in Crystal Meth Anonymous (CMA) and similar programs.

Resources:

- Information on CMA is available on the Internet at:
 - Crystal Meth Anonymous at <http://crystalmeth.org>
 - NYC Crystal Meth Anonymous at <http://www.nycma.org> and (212) 642-5029

- Narcotics Anonymous (NA) services are available regardless of the particular drug or combination of drugs used. NA programs can be found in some local telephone listings and on-line at <http://www.na.org>.
- A letter from Dr. Guthrie Birkhead, detailing all of this information including links to important and informative resources is posted on the NYSDOH Health Provider Network (HPN) web site and on the NYSDOH public web site. To access information surrounding methamphetamine use via the NYSDOH web site:
<http://www.health.state.ny.us/nysdoh/hiv aids/crystal meth/dearcolleagueletter.htm>

Stigma and Discrimination

State law protects the confidentiality of HIV test results and also protects persons with HIV infection from discrimination based on HIV status. Confidentiality of people with HIV and AIDS is clearly and strongly protected by Article 27-F of the NYS Public Health Law. Agencies and individuals who provide health or social services as defined by the law, or who receive HIV-related information through a signed release, must protect the confidentiality of that information. NYS Human Rights Law protects individuals from inappropriate limitations on employment or housing based on an individual's HIV status. In addition, the federal Americans with Disabilities Act (ADA) require employers to provide reasonable accommodation to the known physical or mental limitations of employees with disabilities, including HIV infection or illness.

What Can HIV/AIDS Providers Do About Stigma and Discrimination?

Assure their clients and patients that NYS law closely protects any information they share with their provider for purposes of care and treatment. Also assure individuals that their job activities may not be limited or changed, nor can a person be fired or denied housing based on their HIV status.

What Can HIV/AIDS Providers Tell Patients About Stigma and Discrimination?

- Providers can assure patients that HIV test results will remain confidential and that written approval is required before a test result can be shared.
- HIV information can be released to health providers caring for a patient or their exposed child; to health officials when required by law; to insurers to permit payment; to persons involved in foster care or adoption; to official correctional, probation and parole staff; to emergency or health care staff who are accidentally exposed to your blood, or by special court order.

- People who feel that HIV-related information has been released without their consent can contact the New York State Department of Health Confidentiality Hotline at 1-800-962-5065 to request a "breach of confidentiality" form. Penalties for unauthorized disclosure of confidential HIV-related information by health care workers or social service workers include fines and/or time in jail.
- People with HIV infection or AIDS may not be denied health, disability, or life insurance, health insurance - including hospital, medical, and surgical coverage - cannot be denied and a higher premium cannot be charged simply because the applicant has HIV.

Resources:

- The HIV Confidentiality Hotline at 1-800-962-5065 can answer questions and help with confidentiality problems.
- The New York State Division of Human Rights at 1-800-523-2437 can help if discrimination problems occur.